May-June, 1965 MEDICAL MISSIONARY

Themes of the Church Today

III

RELEVANCE

Christ matters most to men.
Those who meet Him know this.
They recognize Him, their Contemporary
speaking in the accent they best understand.
His words are always young—Spirit and Life.
What He says is
RELEVANT—meaningful, full of bearing on the here
and now
DECISIVE—demanding choice and action
DYNAMIC—changing everything, creative
VITAL—full of discovery and Life.

The Church has GOOD NEWS to share.
Her need is Christians alive to their times
to their fellows and to the Word of Life
so that Christ can be met
and the meeting recognized as supremely relevant.
The Church needs hearts that speak to hearts TODAY
a witness that does not miss its mark.

Sr. M. Lawrence, S.C.M.M.

THE MEDICAL MISSIONARY

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Cover: Sister M. Carmela giving public health demonstration in an Indian village.

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THIS ISSUE . . .

Relevance, our theme for May-June, demands a hearing in our day as never before. With the threat of nuclear annihilation on the one hand and the seemingly limitless possibilities of cosmic development on the other, men reach out for the meaningful in the here and now with an almost vehement grasp. They can no longer afford a world of fancies. Reality presses in on every side. Men want desperately to understand what appertains to our world situation and to our particular breed of twentieth century humankind. Almost without realizing it, modern man is sensing the uniqueness and meaning of *this* hour in history and he wants to build something lasting with it.

Relevance requires much from the Medical Mission Sister who has been commissioned by the Church to care for the sick of the world in Christ's name. It demands from her not only concern for the individual sick person but also, a concern that the young people of the emerging nations learn how to care for their own, a concern that the whole health level of an area, of a country, be elevated. Only then is the work medically relevant, as pointed out by Dr. Harry K. Purcell in his article REAL CHARITY which was written after four years of experience on the staff of Holy Family Hospital, New Delhi, India. Relevant too, and making an impact on their surroundings are the nurse-midwives, graduates of our Catholic Maternity Institute in Sante Fe, New Mexico. Miss Mary C. Dunn in SIGNIFICANT CONTRIBUTION emphasizes the type of preparation given to the students professionally as well as psychologically and spiritually to fit them for service in Africa, Asia and Latin America.

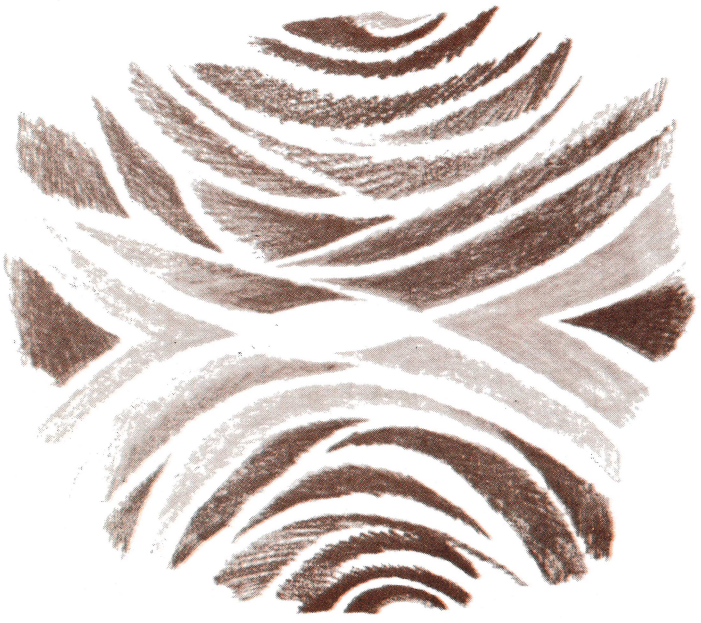
The care of the sick as carried on by the Medical Mission Sisters is not a crash program on a short-term basis. On the contrary, it can be called service precisely because it is there, permanent, waiting, when others have moved on. In the very center of war-torn Vietnam, Holy Family Hospital, Quinhon, stands with its doors open ready to care for all, the sick and the refugees. Its message of healing and hope, as pointed out by Sister Miriam Therese in QUINHON, 1965, speaks in meaningful terms to a people twenty years at war.

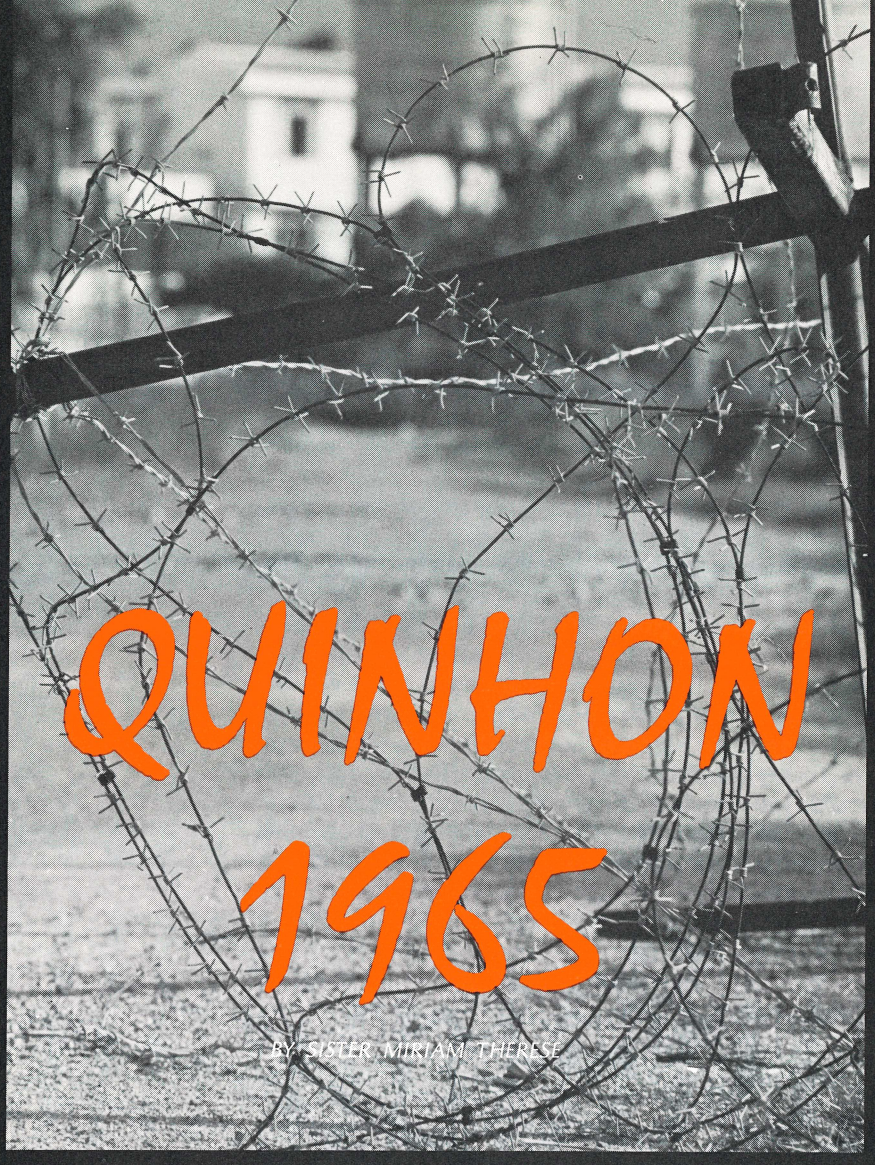
Sometimes it is the hospital itself but more often, particular Sisters or nurses on the staff who can in-

terpret the world of medicine to the local people. Sister M. Carmela, a Filipina by birth, says of herself I AM A VILLAGER. Her own background and insight have given her a unique entry into the hearts and homes of the village people around Holy Family Hospital, Patna, India. One with them, she can put into their own idiom and image important health lessons in her public health program.

The problems of each patient necessarily become the problems of those who are in their midst as healers. Solutions must often be found that reach out far beyond the bedside of one man or woman. As Sister M. Pascal shows in her story IF THE FOOT HURTS . . . treatment for Marcellus to be truly relevant to his situation means not only a healing for his foot but work for his hands and provisions for his family.

Today, Medical Mission Sisters have not so many choices to make. Either we are committed to the care of the sick—all the sick, all the time, with all we have—or we are not. Either we give a meaningful answer to their need for help or we are but sounding brass and tinkling cymbals.





QUINHON 1965

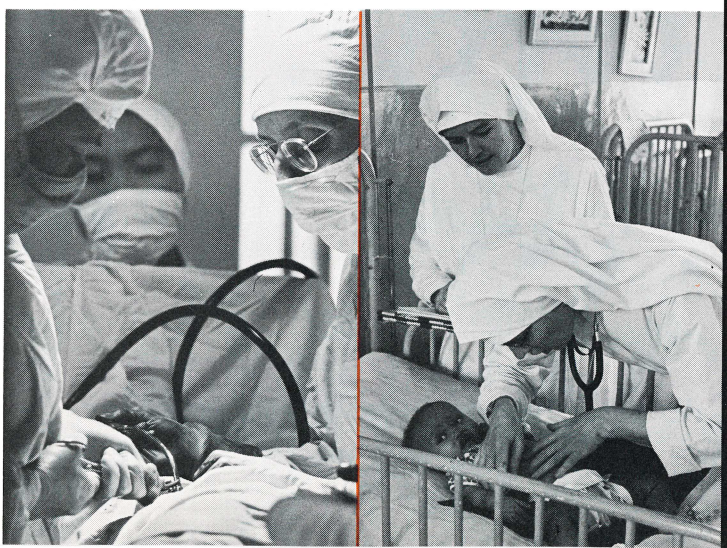
BY SISTER MIRIAM THERESE

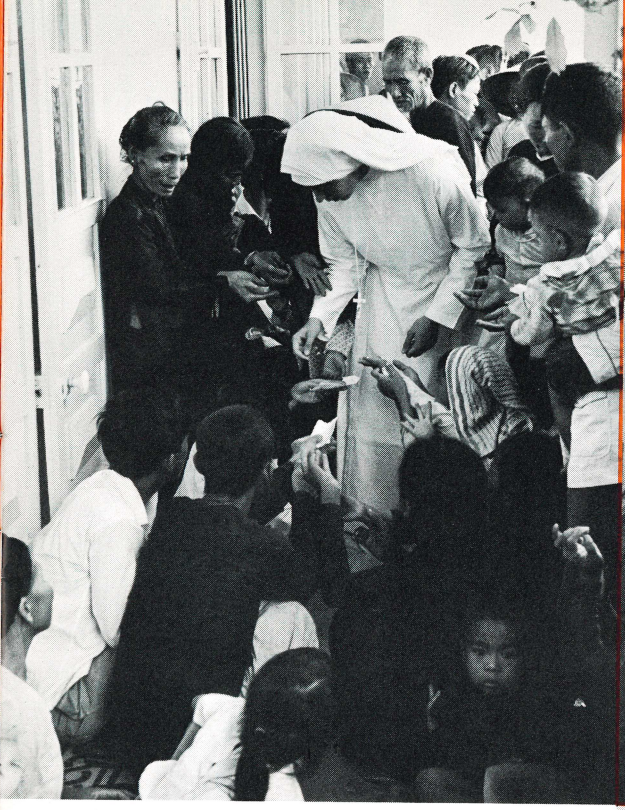
In the summer of 1960, the Medical Mission Sisters arrived in South Vietnam. By the following January, they were operating a 50-bed hospital in Quinhon, a quiet fishing village 250 miles north of Saigon. Today, Holy Family Hospital, Quinhon, continues steadfast in its pledge to serve the sick. Its present staff of two doctors, an anesthetist, several nurse-midwives, a pharmacist, a technician and a household administrator, places itself daily at the disposal of the crowds that come from miles around. Holy Family has a relevance that can be measured in very concrete and human terms. In a country where there is only one doctor for 30,000 people, the professional service offered by the Sisters is not to be ignored. But the hospital is more than a center for the alleviation of physical misery. It bears witness to the power of good in a time of devastation.

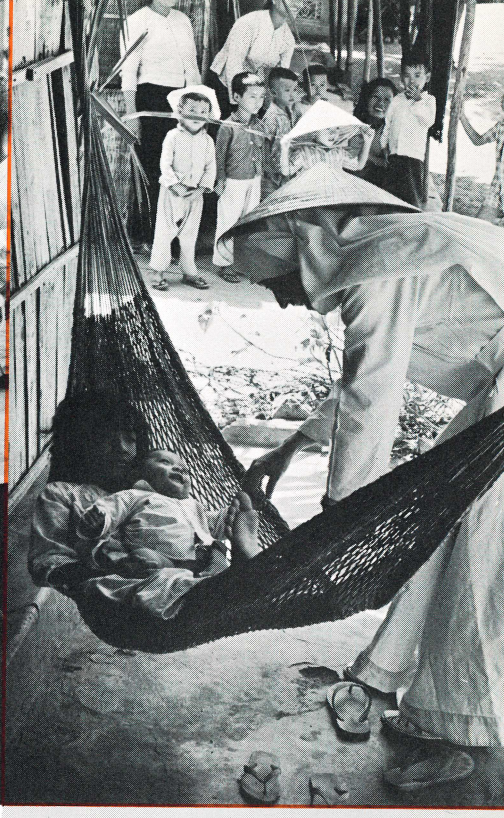
Before the arrival of the Medical Mission Sisters, there was no hospital in Quinhon. Today, Holy Family Hospital remains the only civilian hospital in the area, serving a population of 40,000 inhabitants and more than 28,000 refugees.

Two Sister-surgeons performed nearly 450 operations last year. Sister M. Elise, M.D. (right) is a veteran mission doctor with 20 years of service in India and Pakistan.

Sister M. Virginia, M.D., pioneered the Quinhon hospital. She is pictured in the pediatrics ward where she points out to Sister Sheila Marie, a newcomer, some of the interesting aspects of medical work in Southeast Asia. The Medical Mission Sisters are the first and only Sisters from America working in Vietnam.







In 1964 alone, over 25,000 Vietnamese were treated in Holy Family Hospital's Out-Patient Department. Sister M. Rosalie is often at a loss to determine where the line begins or ends.

Patients are not always able to come to the hospital. Then the hospital goes to them. Sister M. Raymond pays a house call in a nearby village.

These Vietnamese prefer a steady diet of rice and fish. Sister M. Rosalie learns a lot about the habits and customs of her people on her daily trip to market, where she purchases fish and vegetables to feed patients and staff.

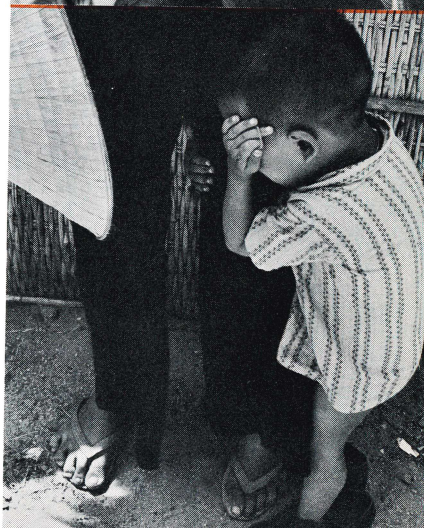
Sister M. Marguerite (left) and Sister M. Raymond found their new tonal language a challenge, and their new people a joy to serve.

Holy Family Hospital is a stone's throw from the South China Sea. The fisher folk have not far to go for medical care; but people from the rice paddies and small villages must often travel a good distance on cycles, in rickshaws or on foot. This young mother and child are typical patients.

30 to 50% of the patients in Quinhon suffer from tuberculosis, 30% from malnutrition, and another 30% from worms, bronchitis, enteritis, pneumonia, and other diseases. All of them, however, suffer from a real need for security and affection, and for this, Sister M. Karen has the cure.

Will Holy Family Hospital's new wing ever be completed? Will there really be a nurses' training school in Quinhon someday? Just inside the hospital's gates, the daily line-up waits—and wonders.

It takes courage to face an uncertain future. Holy Family Hospital is trying to inspire that courage and hope among a people so desperately in need.



REAL CHARITY

BY HARRY K. PURCELL, M.D.

Going to the missions is not a difficult thing to do. It is not a dark, grim sacrifice. It is a stimulating, happy, exciting and rewarding experience. Any member of my family will agree to this after spending four years with the Medical Mission Sisters at Holy Family Hospital in New Delhi, India.

In 1960 we left St. Louis to spend two years in India. We did not return until four years later. The Sisters took good care of us. We had a good house, good schools for our children and a fine hospital to work in.

Many things about the Medical Mission Sisters appealed to us, particularly their concept that mission medicine can and should be good medicine, that a mission country, although poor, can afford and can have good hospitals and good doctors.

What do we mean by a good hospital? A good hospital is a building or group of buildings properly constructed and properly arranged. It contains the necessary basic equipment to practice good medicine and surgery. It is staffed with top level doctors, nurses, administrators and technicians trained to run a well organized and efficient program for the care of the sick and the training of personnel. It is motivated by a spirit of kindness and charity, and the belief that bad medicine is worse than no medicine at all. Each Holy Family Hospital operated by the Medical Mission Sisters does or will measure up to this standard.

The Society of Catholic Medical Missionaries is composed of nearly 700 members who are doctors, nurses, technicians, pharmacists, administrators, anesthetists, dieticians, secretaries and accountants. Each one is trained for her job and devoted to it. Given time and the cooperation of local personnel, they weld together in an under-developed country, a compact and well organized unit which compares favorably with many hospitals that I have seen in the United States. In the hospitals they establish schools to train the nationals in hospital skills, and very soon the departments of the hospital are run by the graduates of these schools.

This medical service is not a program given to the people free. Each of the Holy Family Hospitals operated by the Medical Mission Sisters must, as soon as possible, be supported and maintained by the people of the country in which it functions. If the hospital is in

Harry K. Purcell, M.D., prominent St. Louis physician, has recently returned to the States with his wife and six children, after serving for four years on the staff of Holy Family Hospital, New Delhi, India.

Doctor Purcell shares his medical skills with a young Indian doctor, Sister M. F. Lourdes.

India, it is supported by Indians. (In New Delhi, many westerners including Americans work tirelessly with the Indians to support the hospital.) Therefore it becomes an Indian hospital, and they, the Indians, are justifiably proud of it. It teaches them that they can have good things; that they can have modern medicine, surgery, and obstetrics, not because someone donates it to them and supports it for them, but because someone who had the knowledge and skill came to their country and taught them how to do these things by using the materials at hand, the sweat of their brow, and the brains that God gave them.

Each patient does something in return for his treatment. He pays money if he can afford to—some only a penny a day, some more. If patients have no money (a common occurrence), they bring a basket of fruit, a few vegetables, or some object that they have made by their own labor. In this way they have paid their just debt according to their own station and they become a partner in this wonderful modern venture.

To my way of thinking, this is real charity in the name of God. This is real self-help. What more intelligent way is there to help these people to help themselves, to help their fellow countrymen, and in turn to help their nation to take its place in the world.

The Medical Mission Sisters are doing a great work. We believe that they deserve all of the aid that you and I can give to them. How can we help? They ask for our prayers, and these we can say. But they also need material support. There are many ways in which we can contribute. We can work in their auxiliaries to raise money to educate the Sisters, buy equipment, and furnish hospitals. Those who are able can volunteer their services in the field. Since returning to America, a number of couples have talked to us about this.

Our advice to families who are thinking of going to the missions is simple. Go. Go now. Time is short. Your children will flourish as never before. You will be repaid many times, both spiritually and materially.

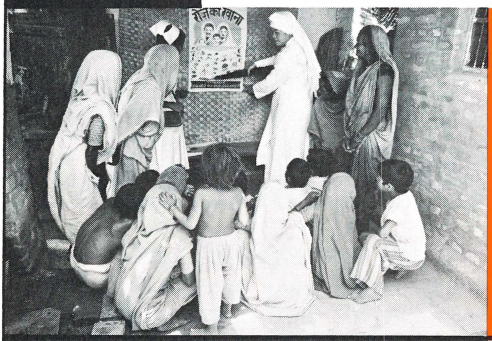
Before we left the States, we lived well and had a good life. While in the mission field and since returning to America, life is richer, fuller, lighter, easier and much, much more secure and confident.

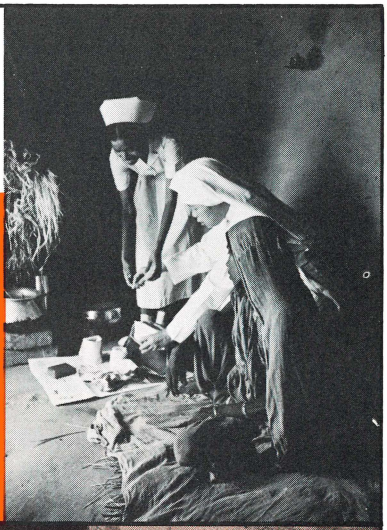
BLESSED ARE THOSE WHO DIE IN THE LORD ✝

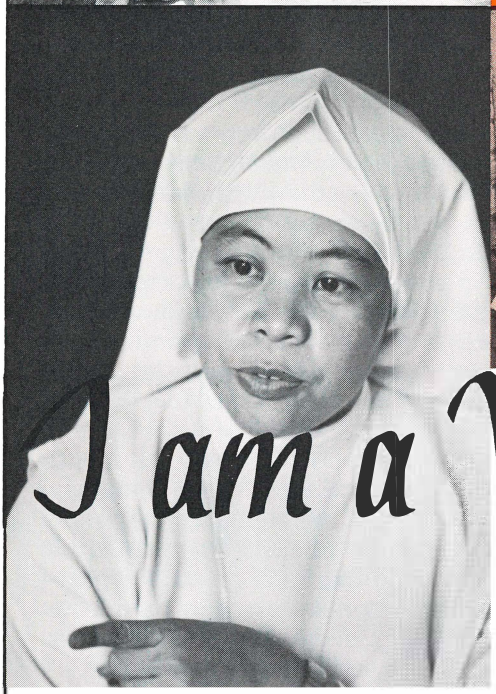
Please pray for our deceased benefactors:

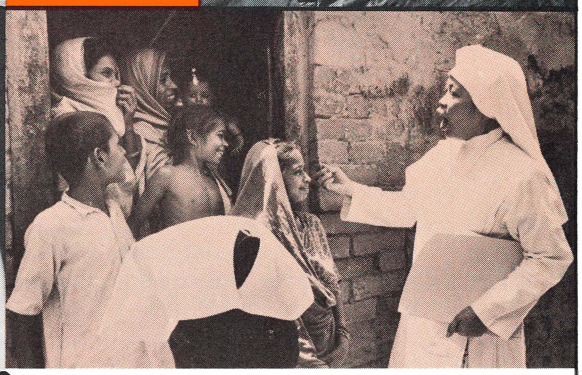
Rt. Rev. Monsignor F. J. Hertkorn, Phila. ✠ Rt. Rev. Msgr. Charles P. McGarry, Magnolia, N. J. ✠ Mrs. Frank Egan, Belleville, N. J. ✠ Lt. Col. Matthew A. Fox, Phila. ✠ Mr. J. M. Garceau, Trois-Rivieres, P.Q. Canada (Father of Sr. M. Marguerite) ✠ Mr. Edw. T. Long, Syracuse, N. Y. ✠ Mr. Sylvester A. Lowery, Phila. ✠ Mrs. Edw. F. McLarney, Audubon, N. J. ✠ Mr. Francis D. McManus, Providence, R. I. ✠ Miss Mary T. Macken, Omaha, Neb. ✠ Mrs. John Mehrl, Dubuque, Iowa (Mother of Sr. M. Simon) ✠ Mr. Theodore Spaeth, Cincinnati (Father of Sr. M. Theodore) ✠ Mr. A. F. Weber, Queens Village, L. I.

BY SISTER M. CARMELA



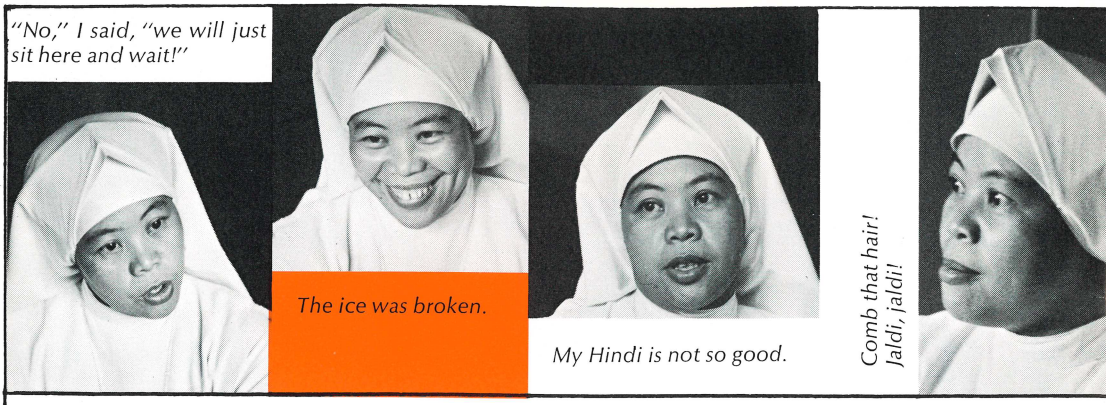






I am a Villager

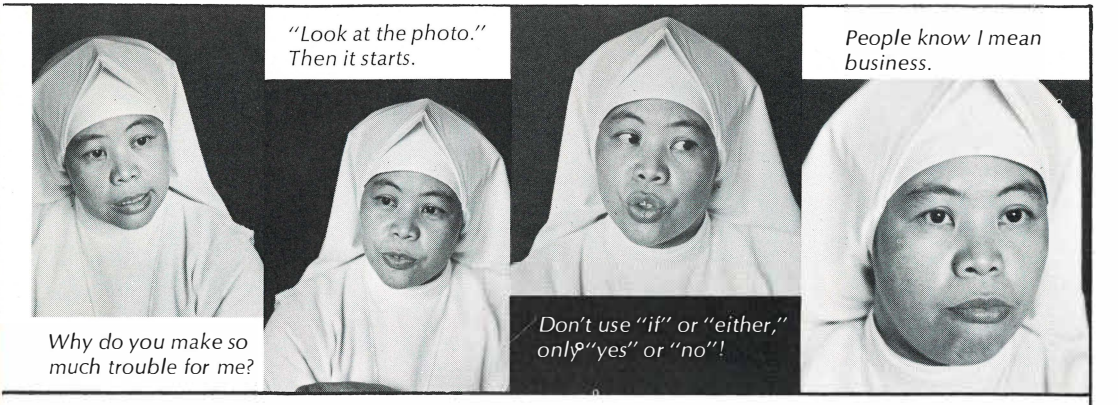
Sister M. Carmela was born in the Philippine Islands, in an environment not too unlike the Indian villages she loves so much. With a firm hand and warm heart she directs the public health program at Holy Family Hospital, Patna, a 200-bed hospital on the banks of the sacred Ganges River. Public health is an integral part of the training program at Patna. The student nurses there have the opportunity to observe Sister Carmela's undeniable way with the village people, learned less from books than from a natural empathy with the villagers of India.



There was a lot of prejudice at first. The village people had no idea what a Sister was. Some thought I was coming to take away babies or to get blood. When I walked into one village for the first time, everyone in sight ran inside and bolted the doors. The student with me wanted to go. "No," I said, "we will just sit here by the side of the well and wait." My student said she didn't think it proper, but proper or improper, we sat. I knew that sooner or later people would come, if only for water. We sat an hour. Finally, an old woman came out. "Where is everyone?" I asked. I liked that woman. Her eyes spoke very much, but her tongue couldn't answer. She was dumb. Somehow or other, with the help of a homemade kind of sign language, we understood each other. She motioned me to her home. We sat on the floor and my friend proceeded to grind rice. The children peeped in and soon a suspicious crowd had gathered. "Why do you come to the village? You don't know how to pound rice!" I took my friend's place and proceeded to pound, thanking the Lord all the while that I hadn't forgotten the lessons learned in my home in the Philippines. That did it. They couldn't believe that this strange *memsahib* (lady), all dressed in white, could or would pound rice just as they did. The ice was broken. Everyone wanted to be friends and talk. Once they talk to you, they are your friends. They will tell you anything and everything. It is important to talk their language. My Hindi is not so good. I am a villager and I speak a villager's Hindi. We talk about the children first. Then the cow and the buffalo and the goat—how much milk do they give? What is the price of rice in the market today? Don't talk about politics. They don't even know who Shastri is! Soon, they tell you who the sick ones are and where they live.

I spend several mornings a week doing public health work in four government schools. We make a big *tomasha* (to-do) of it. I give a prize for cleanliness—ribbons or toys. "Comb that hair, *jaldi, jaldi*" (right away)! It's a great game and the children love it.

The schools are the best way to the homes. When I appear in a village, the children are always the first to congregate. Candy is an important part of my equipment. Out come the hands for fingernail inspection. The clean ones get candy. One day my supply was short. There were ten children and only five candies. I told them I would do better the next trip, but that today there was only a half candy for each. One tot popped the whole thing into her mouth. Her sister tried to retrieve it, but got only a finger bite for a reward. "Now, why do you make so much trouble for me? . . . Here!" I made a powder of my last


Why do you make so much trouble for me?
"Look at the photo." Then it starts.
Don't use "if" or "either," only "yes" or "no"!
People know I mean business.

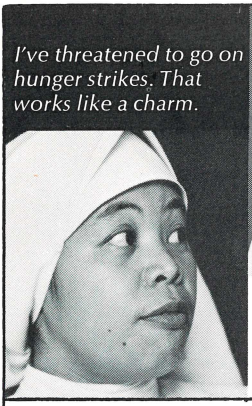
piece and they all picked up a pinch with their fingers as nicely as could be.

So many times the children have helped me to find incomplete addresses when I was looking for a sick person or a woman in labor. They are invaluable in the immunization work. We try to give injections against typhoid, cholera and smallpox, all quite common here. Some of the villagers believe smallpox is a gift from the gods. They don't like the idea of getting the injection. I do a little bribing with my candy, prove to the onlookers that the injections don't hurt much, and ask the first brave volunteers to find me five more children. Soon, everyone comes. Then we start the public health teaching and the multi-vitamins.

Usually we begin by tacking a chart to a door. It shows a brightly colored picture of a village home similar to theirs, but illustrates good ventilation. Sometimes there is a large picture of a fly or mosquito or a balanced meal made from local foods. We put up the chart and don't bother about it for a while. "Look at the photo," someone says. Then it starts. "What is that photo?" "Please explain." Then I explain or I get the student to explain. We tell them how and why to keep flies and mosquitoes away, to wash their hands and keep the well water clean.

Women here are shy, even our nursing students are. I ask the students to give the explanation. They have learn to speak up and be health teachers every time they move. They can do it. I teach them some village psychology first. I tell them how to speak to the villagers. "Don't use *don't,* don't use *suppose,* or *if* or *either*—only *yes* or *no!*" I make the students laugh in class, but they learn a few things—how to make an inhalator from a teapot and a sheet, how to make a table by turning a basket upside down. In short, how to work well and quite professionally with next to nothing. The best way to teach the people, I tell them, is to show them. Once I walked into a home and scrubbed down the walls. The next week, the whole neighborhood had cleaned their own.

There is plenty of maternity work to do. I try to get on the right side of the local midwives (or *dais,* as they are called), so that they will let me show them how to boil the traditional knife used for cutting the cord. Nothing is worse than to see a baby helpless with tetanus. It is so unnecessary. Word is getting around about the importance of cleanliness and boiling, and people know I mean business! Once I was directed to a cow-shed for a delivery. The poor woman was put there because childbirth is traditionally considered unclean. "I'm finished if you don't put me in a nice place!", I told them. We moved to the house. I don't



Also you fix a little pot of tea for her with sugar and milk.

They named her Rita Rani.

mind fighting with them a bit for a good cause. A couple of times I've threatened to go on a hunger strike. That works like a charm.

Some of the doors to the homes are so small, I can hardly fit through them. In one home I stooped to get in and when I straightened up, before my eyes had adjusted to the darkness, I hit a basket of cow dung. The children were upset that I had gotten dirty and set busily about cleaning me up. I was dirtier than ever from the fingers of the clean-up crew, but appreciated the gesture and we all had a good laugh.

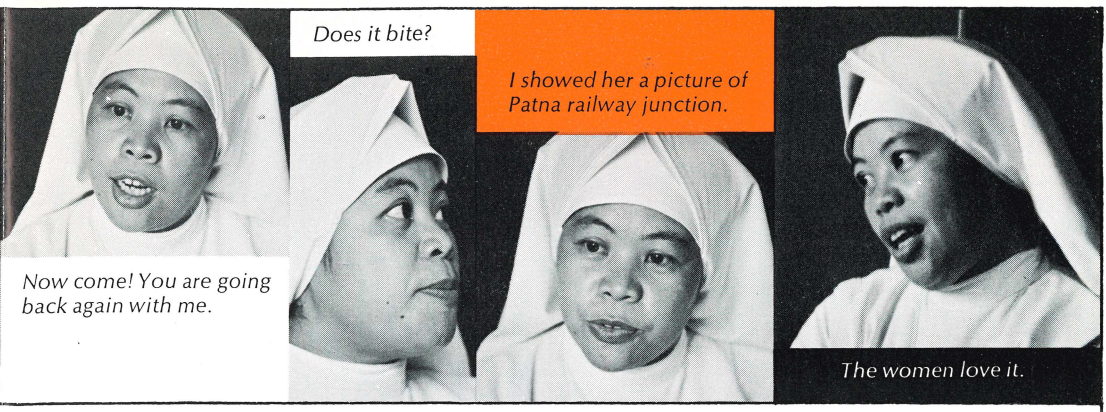
By now they know just how to prepare in the homes for delivery. One woman tells another. Some clean cloth, a basket, a chair, some boiled water, a clean cup (borrow it), a clean room with a *charpoi* (string bed): when all this is ready, *then* you get Sister. Also you fix a little pot of tea for her, with sugar and milk.

They could not be more cooperative or eager to help. I asked a man once to dig a hole and put all the dirty things in the ground. He dug down about six feet! Another time I went to a home for a pre-natal visit. "What's this little boy doing sitting here at my feet listening to all this pre-natal business?" I asked. I found out when they sent him away and my chair fell down. There was a missing leg on their one borrowed chair and the boy had been taking its place!

One night I was called for a home delivery to a Catholic family. This was the seventh child. While waiting for the baby's arrival, the rest of the children played "Mass" on the doorstep. Inside, I heard *Kyrie eleison* and *Dominus vobiscum*. Right after the *Gloria in excelsis Deo,* there was a howl and everyone knew that the *bachcha* (baby) had come. They ran to peek. "Go back and finish the *Gloria,* and I'll bring the baby." I lined a vegetable basket with hay and a nice cloth. I wrapped the baby up and called them to see. "No touching," I said. All the wonder of Christmas was in their faces. They named her Rita Rani.

Another time it was the Hindu feast of Holi, a day when all sensible people stay at home, for Holi is celebrated by throwing paint at everyone. One patient would have to go into labor that day! Four men arrived to beg me to come. "If you will guarantee that my clothing will stay as white as it is now, I will come." My cycle was surrounded by those of the four men. All the way they shouted, "Don't throw paint! Don't throw paint!" The men were so proud of themselves when I arrived white as ever. The woman delivered a lovely girl.

A visit to the village is a time to give all kinds of tips about gardening,



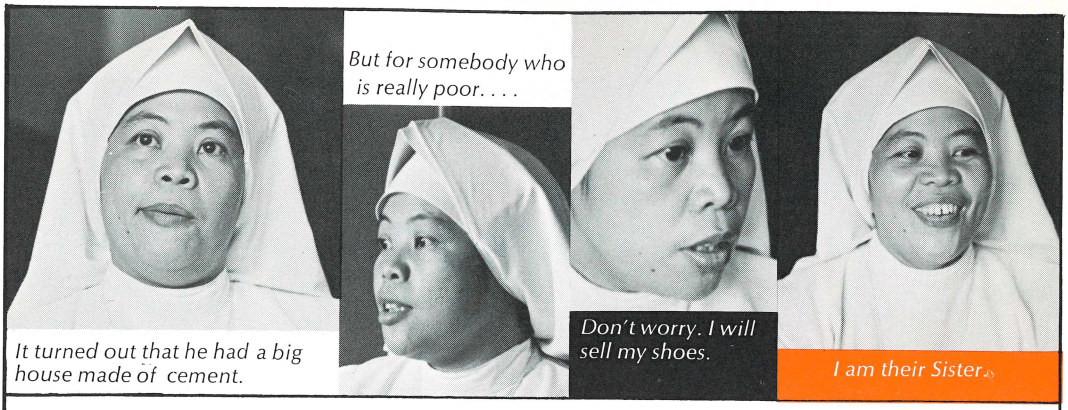
sewing or even how to take care of the sick calf. I begged some money to buy a banana tree and some tomato plants. I showed the villagers how to plant and water them. The banana tree grew and bore fruit, and the neighbors took shoots from it.

Even apart from the school and village work, there are plenty of opportunities to do public health work right in our own hospital, in the wards and Out-Patient Department.

A village friend of mine, Ramayana, had her first child by a *dais* (local midwife) and lost it. I met her when she was about to have her second, but I could find no fetal heartbeat. The child was stillborn. "The next time, you come to the hospital!", I told her. She did come but after three days in the hospital created a scene. I was called to the Out-Patient Department at 2:00 A.M. There was Ramayana, determined to go home before she had delivered. Apparently, someone had attempted to give her oxygen and it had frightened her. "Big tank," she said, "will make baby die." "No, no, Ramayana, you don't understand. It will make the baby alive, just like you and me. Now come, you are going back again with me. Yes, whether you like it or not. You follow me. Ramayana, come." So Ramayana and her *sati* (relative), the three nurses and myself proceeded back to the ward. When we got her in bed, the nurses reached for the oxygen tank again. "No, don't touch," I told them. "Now just be quiet, Ramayana." I held the tube near her. "Look, nothing comes out but nice, cool air. Feel it. Does it bite?" I put the tube into her nose. "Now, isn't that cooler?" We taped the tube and pumped.

Another crisis arose over a necessary I.V. and we went through a similar procedure. I put a drop of the solution in her mouth so that she could taste that it was salt, just as I had told her. She became docile as a lamb. In the end, she had a Caesarean section and a lovely, living baby. She went home to her village, telling everyone that if it were not for Sister, she would not have a live baby.

Another woman didn't object to the injection, but she wanted it where the pain was, in her stomach and not in her arm! I showed her a picture of Patna railway junction on a calendar hanging on the wall. "Now Patna junction is your heart. This little station is your arm. This other *chota* (small) junction is your stomach. From this little station you go through Patna junction to get to *chota* junction, don't you?" "Yes." "Well, this medicine has to go from your arm, through your heart, to get to your stomach. It travels very fast. *Samajte?*" (Do you


It turned out that he had a big house made of cement.
But for somebody who is really poor. . . .
Don't worry. I will sell my shoes.
I am their Sister.

understand?) "Yes." "Now go home and tell everyone about this."

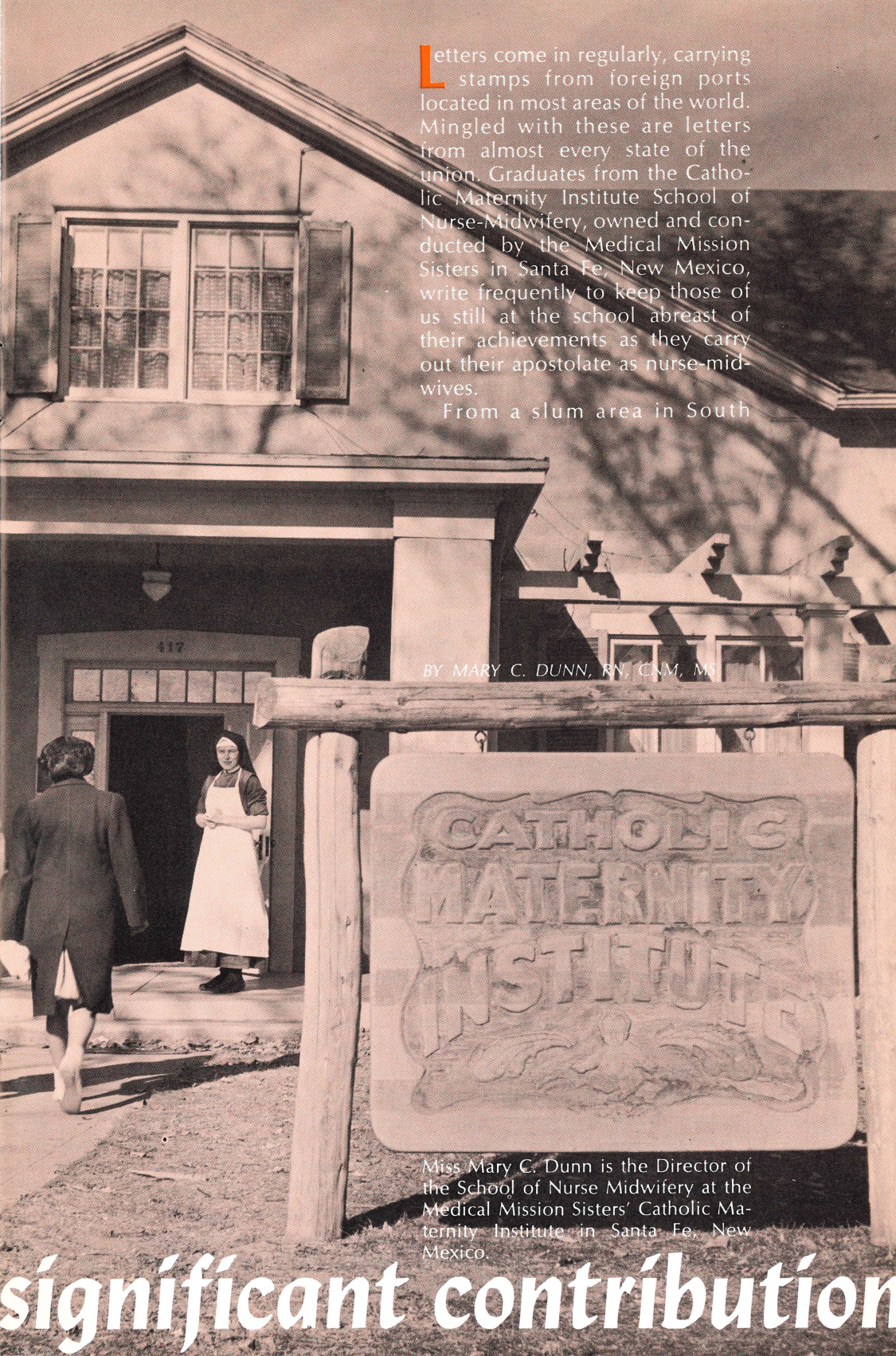
While the patients in the Out-Patient Department are waiting to see the doctor, I coach the students in giving them public health demonstrations. Also, in the wards, we take advantage of every opportunity to teach the ever present *satis* (relatives) how to bathe the newborn, to keep flies and mosquitos away, to wash their hands, etc. We also gather the pre-natal patients and give them some simple anatomy lessons. The women love it and, with a little practice, the students soon love their teaching role.

My village experience comes in handy in the hospital for many things, especially for spotting the really poor. Since our resources are not endless we like to use them for those who need them most. But it isn't always easy to tell who really can and who cannot pay their bills.

For example, there was a child who had been in the hospital for a month and received several blood transfusions and other treatments. The bill was 100 *rupees* (about $20.00). When he was fat and healthy and ready to go home, his father came for him in rags. Sister was about to discharge him free, when she thought of sending him to the public health room for an interview. I told him I would like to know if the child was going to get enough milk and asked him how many cows he had. It turned out that he had five buffaloes, six cows and four goats, which made him a fairly wealthy man by the standards of our people. I told him I would like to see his house and make sure his wife knew how to cook the proper food for his child. It turned out that he had a big house made of cement with three rooms, one of which he rented for 20 *rupees* a day. Needless to say, we insisted on his paying the bill.

But for somebody who is really poor, I will beg, borrow, do anything short of steal. I collect old newspapers and sell them to pay for their medicines. I take all the kitchen leftovers and all the old clothes I can find. Once a woman in the Out-Patient Department was crying because she couldn't pay for some medicine she needed. I told her not to worry, I would sell my shoes and buy it for her. At that, some of the other patients went over to her and gave her 25 *rupees*.

For the people who need them, I manage to find food, medicine and clothing, somewhere, somehow. "You are my father and mother, brother and sister," say my villagers to me. This is the poetic way of saying things in the East. But East or West, the fact is that although I am not their mother, father or brother, I *am* their Sister!"



Letters come in regularly, carrying stamps from foreign ports located in most areas of the world. Mingled with these are letters from almost every state of the union. Graduates from the Catholic Maternity Institute School of Nurse-Midwifery, owned and conducted by the Medical Mission Sisters in Santa Fe, New Mexico, write frequently to keep those of us still at the school abreast of their achievements as they carry out their apostolate as nurse-midwives.

From a slum area in South

BY MARY C. DUNN, RN, CNM, MS

Miss Mary C. Dunn is the Director of the School of Nurse Midwifery at the Medical Mission Sisters' Catholic Maternity Institute in Santa Fe, New Mexico.

significant contribution

America, from a modern hospital campus in India, from a university campus in the United States, from a mother at home with her two children who teaches parent education courses at night, from a family-centered maternity care program located in a metropolitan hospital, from countries wracked with war, from areas in the world still literally living in an earlier century, from wherever they may be located, we hear how they are using the principles learned in the classroom and under supervised clinical experience, and how they are adapting them to meet the needs of the mothers and infants with whom they are working.

When the Catholic Maternity Institute School of Nurse-Midwifery admitted its first class of two students in February, 1945, it was the first school of nurse-midwifery of its kind under Catholic auspices in the United States. The very implication that a graduate registered nurse could be prepared theoretically and clinically to assume the responsibility for the care and delivery of the normal pregnant woman under the direction of a competent doctor was new and startling in the United States. Now slightly more than twenty years later we take just pride in the accomplishments of our graduates.

While recognizing the vital need for adequate physical supervision of the pregnant woman and the nurse-midwife's need for a thorough understanding of the physiology of pregnancy and the principles of management of care throughout the maternity cycle, they have also maintained a dedicated interest in making pregnancy and the experience of childbirth a vital event in the life of a family, carrying with it deep spiritual and psychological components. From the onset of the school it was realized that only by giving due emphasis to professional competency and also to the development of strong moral values could nurse-midwives be prepared who would be able to give total care to mothers and infants wherever they were. In a world torn with strife and limited in its understanding of the inherent worth of each individual child of God, it is important that our education be based upon a philosophy which gives recognition to the dignity of each human being and the eternal destiny of man.

To date, one hundred and twenty-eight nurse-midwives have graduated from the program. This number includes sixty-six Sisters representing twenty-three religious communities, and sixty-two lay women. Twenty-eight Medical Mission Sisters have received their certification from the Catholic Maternity Institute School of Nurse-Midwifery.

From the very early days of the school there has been an affiliation with the Catholic University of America in Washington, D.C. Graduate students enrolled in the Maternal and Infant Health Program spend six months at the School for Nurse-Midwifery and are eligible for certification when they have completed their requirements for their degree. The eight month certificate program

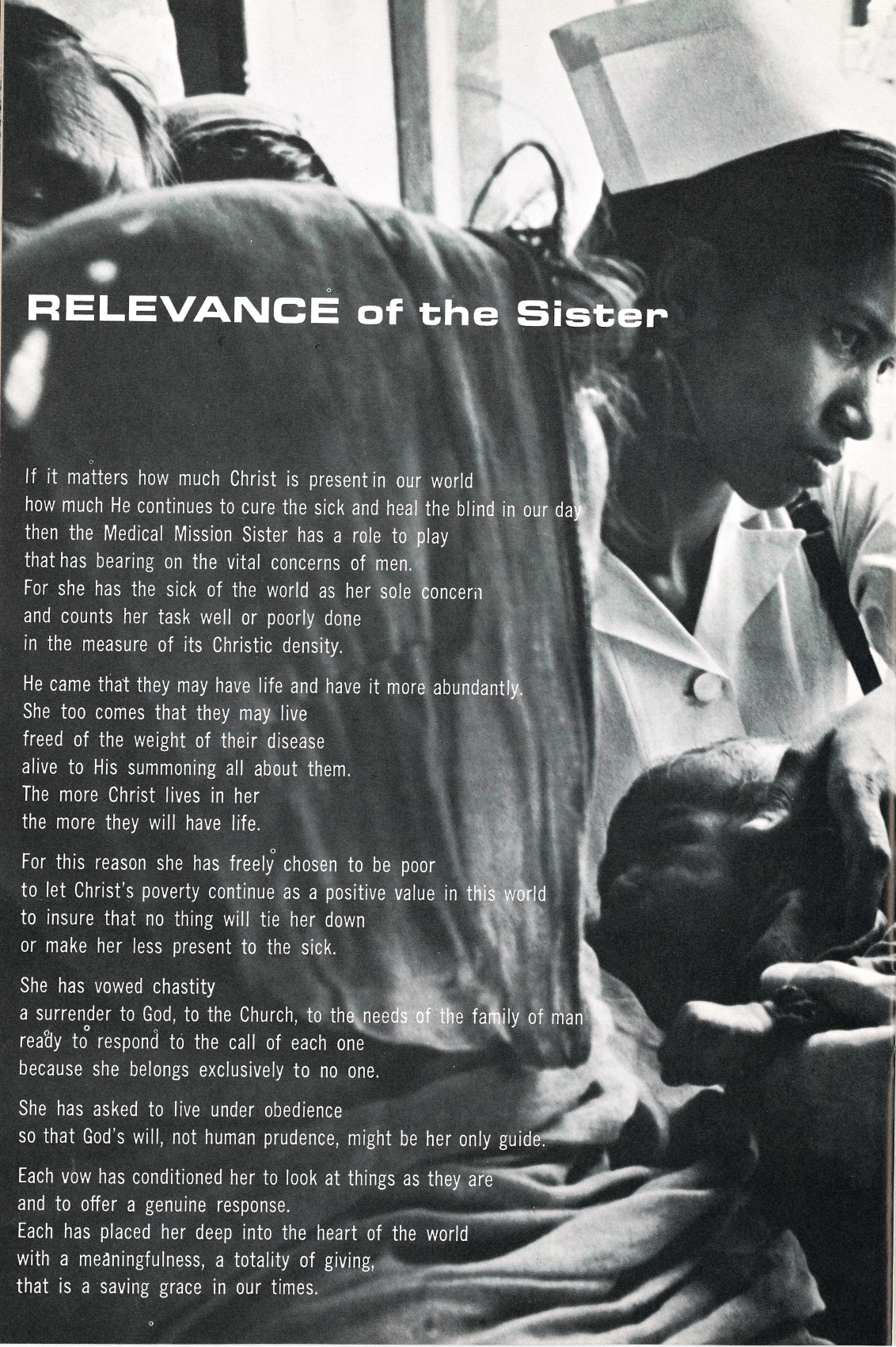
admits qualified registered nurses twice a year. There have been eighty-six graduates from the certificate program and forty-two graduate students from the Catholic University of America.

Approximately twenty-eight percent of the graduates of our school are working in underdeveloped countries. The majority of these are Sisters and their mission endeavors range from the management of a one room clinic to the administration of a large hospital. While bringing the word of God to their patients, they are also bringing sound principles of maternal and infant care. There are graduates of Catholic Maternity Institute in India, Pakistan, Africa, Japan, Iran and South America. They work in the homes, clinics and hospitals. Their teaching extends from simple hygiene courses for village women to the planning and conducting of graduate educational programs in nurse-midwifery.

Sixty-two percent of the graduates have positions in the United States. The majority are working in administration and teaching capacities. They are in positions that permit them to be influential in changing attitudes toward childbearing, in setting up more adequate clinical facilities and in bringing more comprehensive care to those areas of this country where it is lacking. Where physical care is adequate they emphasize the need for also recognizing the emotional and spiritual aspects of maternity and infant care. Graduates also have set up family-centered maternity care units in the United States. This influence has been felt throughout the entire country. A significant number are working in parent education, helping parents to understand childbirth in all of its ramifications. Some are working with the parents groups organized to improve the quality of care available. A few (and there are indications at the moment that this number will grow significantly in the next few years) are practicing as clinical specialists in nurse-midwifery programs.

In September 1963 the entire curriculum was revised and a new program opened. The clinical facilities at both St. Vincent's Hospital in Philadelphia, and of the Catholic Maternity Institute in Santa Fe were utilized providing opportunities for the students to learn nurse-midwifery both in the hospital setting and in a rural nurse-midwifery service. As nurse-midwifery services are expanding in the United States the trend seems to be toward the hospital setting. The new program prepares the graduate midwife to function in a varied clinical background.

Although the actual number of graduates have been small the contribution of these graduates to the improvement of maternal and infant health care has been significant. Wherever she carries out her apostolate as a nurse-midwife the graduate of the Catholic Maternity Institute School of Nurse-Midwifery brings dignity to motherhood, helps to strengthen the family unit and provides competent medical care throughout the entire maternity cycle.



RELEVANCE of the Sister

If it matters how much Christ is present in our world
how much He continues to cure the sick and heal the blind in our day
then the Medical Mission Sister has a role to play
that has bearing on the vital concerns of men.
For she has the sick of the world as her sole concern
and counts her task well or poorly done
in the measure of its Christic density.

He came that they may have life and have it more abundantly.
She too comes that they may live
freed of the weight of their disease
alive to His summoning all about them.
The more Christ lives in her
the more they will have life.

For this reason she has freely chosen to be poor
to let Christ's poverty continue as a positive value in this world
to insure that no thing will tie her down
or make her less present to the sick.

She has vowed chastity
a surrender to God, to the Church, to the needs of the family of man
ready to respond to the call of each one
because she belongs exclusively to no one.

She has asked to live under obedience
so that God's will, not human prudence, might be her only guide.

Each vow has conditioned her to look at things as they are
and to offer a genuine response.
Each has placed her deep into the heart of the world
with a meaningfulness, a totality of giving,
that is a saving grace in our times.

IF THE FOOT HURTS...

It was a hard day for Marcellus, a day of decision. His foot was sore, swollen, red and tender. It prevented him from doing his work in the rice fields. The Sister-doctor told him in strong terms that if he did not attend to it now, come into the hospital for a series of injections and possible minor surgery, he might very easily lose the foot. Marcellus listened carefully to her words, but at the same time, he was calculating in his own mind a number of problems the doctor could not solve for him.

If he had to be admitted into Holy Family Hospital today, if there was no other way out, then what would become of his rice fields? Who would work in them now that the harvest was drawing close? And what about his wife and two children? How would he pay even the few *annas* (Indian currency) the hospital asked for his ward bed and medicine? These were no light matters for Marcellus.

The only approach was to hold a family council, put the issue before his wife, old mother and father, three brothers and a few cousins. Nothing could be solved without their help and suggestions. After a long and weighty discussion, it was decided that Marcellus should go into the hospital that very day, without any further delay. His wife and two children lived near enough to the hospital that they could cook and deliver his meals at the regular times. His mother and father were too old to help in the fields, but a young brother agreed to take on the job. The money for the hospital bill would come somehow. Supported by a strong family unit, Marcellus presented himself for admission.

A week later, tragedy struck. Early in the afternoon, a freak storm tore into the rice fields around Mandar, fields almost ready for the harvest. The wind flattened the stalks to the ground, soaking the grains and making them useless as a money crop.

Marcellus knew in an instant that to lose this harvest meant he would have nothing to give toward his hospital expenses, that the school fees for his elder son could not be paid, and even more starkly, that cash for food, other than the little grown on their small plot of land, would be hard to come by. In the hand-to-mouth existence which is the lot of most of Mandar's village people, there could be little provision for a rainy day or a freak storm. Marcellus had no alternative but to call me and ask to be released from the hospital.

"With a foot like that, Marcellus," I exclaimed, "what can you hope to do if you leave?"

"I don't know, Sister, but I can stay here no longer. I must try to find some kind of work."

His concern was not for his own pain and incapacity but only for supporting his family. As it was, working hard and scraping every corner, he barely managed to feed and clothe the family from one harvest to the next.

Holy Family Hospital, Mandar,

the whole family suffers

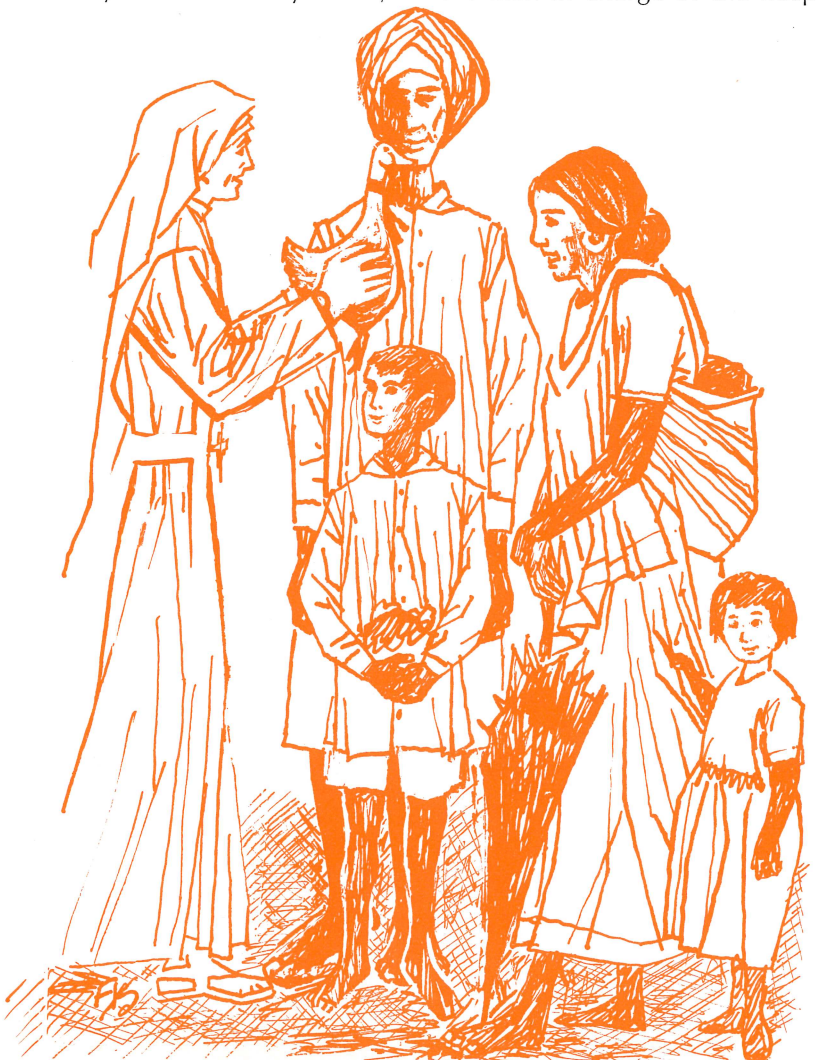
BY SISTER M. PASCAL

lives on a pretty close hand-to-mouth existence itself, but poor among the poor, it has never turned a deaf ear to their problems. To let Marcellus go was only to compound the difficulty, permanently damage his foot perhaps and make him unfit for his own rice fields and work in the future. I had seen the pattern often enough to know the solution lay elsewhere.

"You stay in bed where you are, Marcellus, until that foot heals. I know the Lord will help us with this problem. We'll make sure your family gets food, and let's see how things look in a day or two."

Marcellus, with his own native insight, knew this made sense. He wished it could be otherwise, but he nodded at me and lay back on his pillow.

The next afternoon Benedict, the man in charge of the hospital



farm, confronted me with a problem of his own. One of the women who weeded in the vegetable garden had asked for a month's leave to go to her village to get married. Benedict needed someone to fill her spot. The words were hardly out of his mouth when I reassured him I would take care of it and headed directly for Marcellus' ward.

"Would your wife be able to do this weeding for a month, Marcellus? We would pay her the ordinary rate and, in addition, provide sufficient vegetables for your family."

Marcellus was not a great talker, but with the sincerity of a husband and father who loved his family very much and wanted to be a good provider for them, he thanked me and promised to have his wife in my office for instructions before the sun set.

By the end of three weeks, Marcellus' foot had returned to normal size and it no longer pained him. On the day of his discharge, he called for me and told me he would work as a coolie without pay for a few weeks to settle his hospital bill.

"You forget, Marcellus, that I told you not to worry about the bill. I stick to that."

"God has given me back my strength, Sister. I can work and I will. You save the money to help one less fortunate than me."

Marcellus said this with determination. It was my turn to nod acquiescence in the face of his "sense."

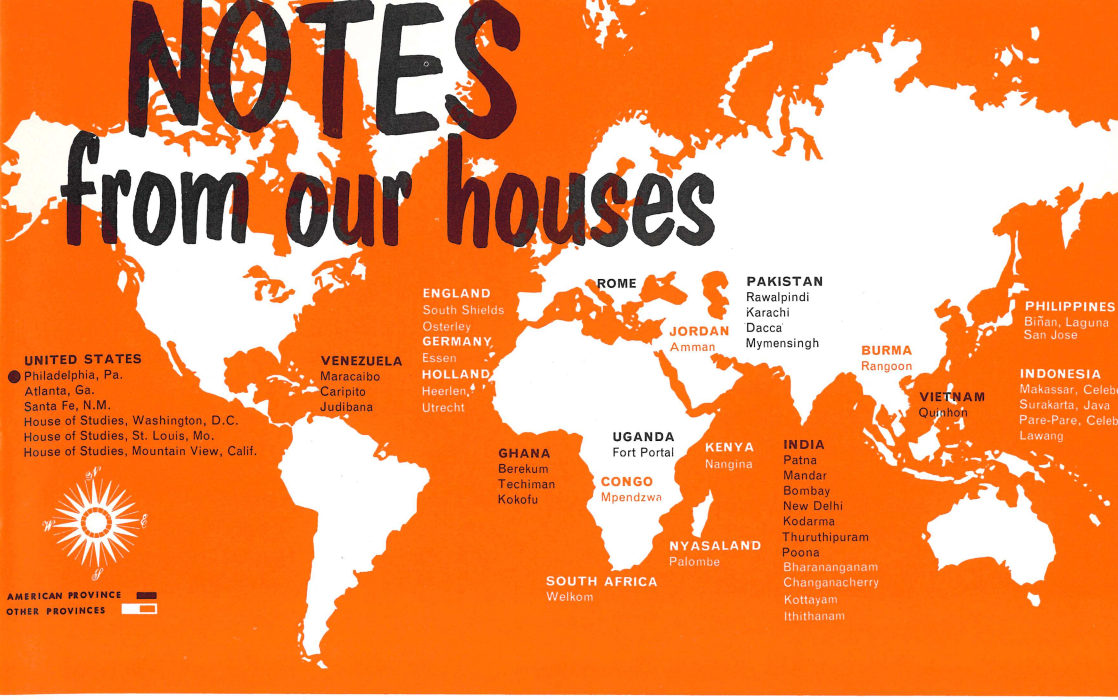
This was not the end. From "free" coolie work, Marcellus stayed on for several months to help dig a new well for the hospital. Forty feet deep and thirty feet in diameter, digging with short handled hoes, collecting the hard brown earth in saucer-like containers that could be balanced on the head and then, carrying them up bamboo ladders to be deposited at some distance—it was a long, slow process and just the amount of time and salary Marcellus needed to tide his family over until the next harvest. With the new rice crop ready to be gathered, Marcellus severed his ties with Holy Family Hospital and returned to his own fields.

On a warm spring day a full year later, a little family group dressed in their very best clothes came into the hospital and asked to see me. When I appeared, they pushed forward a bashful little boy dressed completely in white, laden with a big duck. The duck was also dressed for the occasion with a red bow around its neck. It was a "thank you" delegation—Marcellus, his wife, two sons, a duck and a big head of cauliflower from their own garden.

Marcellus' words were simple. "We bring you these small gifts, Sister, to say our thanks. My son has been confirmed today by the Archbishop, my wife and child are well, we have rice to eat. We owe this to you for making me a well man and giving us work when we needed it. You are now our 'big Sister.' "

The duck quacked in agreement.

NOTES from our houses



VIETNAM

So Many In Need

The number of refugees coming into Quinhon from the villages which are Communist controlled increases daily. Camps have been built for them in six or seven different locations. More than 2000 are very near us, in the Cathedral compound and in the fields just across from it. You would be very edified at how cheerful the refugees remain despite all of their present hardships. It is a real lesson in faith for all of us and we certainly consider it a special grace to be able to aid them in a small way. Our Out-Patient Department is crowded with them everyday and we are now trying to arrange it so that we can go out into the camps.

Sister M. Karen
Holy Family Hospital, Quinhon

CONGO

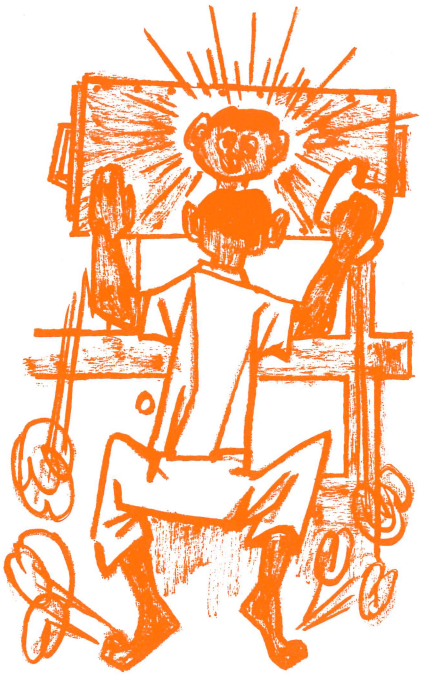
Jungle Hospital

Pendzwa is hacked out of the jungle and it is a constant struggle to keep the jungle away. One dirt road leads through Pendzwa. On both sides of this road are the houses of the people. On either side of the jungle there is a forest and marshes. When you come to Pendzwa, you have to travel by boat from Inongo to Kiri. The river water is clear but black, and it feels as if you are floating on Coca-Cola.

The people here are very fond of children. As soon as I arrived, they told me that before the Sisters came there were no children in the village because so many of them died. Now you see many. The birth of a set of twins is an occasion of great celebration. The people dance and sing and the mother is taken care of doubly

well. She gets a little house built for the twins with two banana trees planted in front of it. The twins live there till they are quite grown. Then the house is left to disintegrate.

Sister M. Leonie, M.D.
Pendzwa



PAKISTAN

A Mystery

Teaching the love of a task well done enters very much into training in the hospital. The X-ray Department has two new trainees who are full of high spirits and spontaneous, happy humanity. They must be shown many things, not because they are not bright, but because, up till now, the village has been their horizon. Once they know, the experimental spirit is turned on and you can expect interesting happenings. Shukumar was exhorted to intensify the polish on the stainless steel surface of the developing tank until he could see his face in it. After a few minutes of energetic rubbing, a serious voice proclaimed in the silence of the darkroom: "What a *strange* face." In a flash, it was the expression of something universal and full of humor. "What a strange creature I am." Man, a mystery to himself, in Bengal, in Tanganyika, everywhere.

Sister M. Loyola
Holy Family Hospital, Dacca

INDIA

Training For Service

One of the very nice things about working in New Delhi is the opportunity to work with students. Indian girls are good material for nursing because the Indian woman is naturally kind, sympathetic and thoughtful. Each new class brings a freshness to what has become routine. You see once again, through their eyes, the evolution of the shy, timid girl who has made very few decisions in her life into the competent, efficient bedside nurse. It is a constant joy to realize that we have the opportunity of helping to bring this to fruition.

When I was in Pediatrics we had

two children dying of incurable diseases, and I could tell it was getting the students down. So I gave them a little pep talk one morning about our attitude as Christians toward suffering in children. I told them that God in His wisdom permits it and hastened to add that they should not be too surprised at themselves for almost resenting the fact that God could allow such a thing. Later in the day three of them came up to me individually and said: "Sister, I know your talk was to me this morning. How did you know I felt like that?" I answered, "Oh, I was a student nurse once," and I could see little Mike Harris in my arms, as clearly as if it had been yesterday. What I didn't tell them was that it never really gets any easier.

Sister M. Susanna
Holy Family Hospital, New Delhi

VENEZUELA

Always Yucca

I have heard that there is a series of children's books printed in the States that tell of visits to the dentist, doctor, and hospital in such a way as to prepare the child for such a visit. Our poor little Arquimedes has never seen such a book, but he loves to come to the hospital for other reasons. Arquimedes has a congenital heart disease that is inoperable. He was recently admitted because of extreme edema and difficulty in breathing. As the time drew near for him to return home, the nurse heard Arquimedes and another poor child discuss their coming departure. They agreed that they did not want to go home as in the hospital there "was all kinds of food three times a day and at home there was always yucca." Nevertheless Arquimedes did return home. A few weeks later he again had some difficulty breathing, so he thought that it was a good excuse to return to the hospital. When his mother didn't think he was so sick, he insisted. Nothing was done about coming, as the trip was far and would cost something, so he decided to take things into his own hands. His mother found him collecting yucca roots in a sack. When she asked what he was doing, Arquimedes answered that he was going to sell them and come to the hospital. He did return for a week and was so delighted to be here. How sad to think that a child prefers a hospital with all it implies, to his home because "there is so much food there."

Sister M. Anita
Holy Family Hospital, Caripito

PAKISTAN

Wonderful World of Three

Someone has defined a little boy as "appetite covered with skin." This certainly describes Alamgir. He is three, his mother is dead, and his father left for parts unknown. He is a lively, inquisitive three, and you can see the

little wheels working on everything that comes into his range of vision. "What is it . . . what is it good for?" One day I took a roll of plaster of Paris into the ward. Alamgir investigated it. There was some loose plaster in the wrapper. He cogitated a bit, then picked it up in his fingers and powdered his neck with it. Another time he got hold of an eyeglass case—minus the glasses. He couldn't figure out the square of flannel inside the case. Finally he blew his nose on it, folded it up, and put it back in the case. What else?

Sister M. Christine, M.D.
Holy Family Hospital, Dacca

GHANA

Tight Squeeze

One of the student nurses was put out at a correction I gave her the other day and went around with quite a pout for several hours. I thought it best to ignore it which was more than she could stand. Finally, she came up to me and said, "Sister, don't you see me squeezing my face?" I couldn't help but laugh . . . which released her "squeezed face" . . . which in turn healed our little breach. Just try "squeezing your face" and see if it doesn't make the best pout you've ever made!

Sister M. Aloysius
Holy Family Hospital, Berekum

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There are simply not enough doctors to take care of all the nation's pregnant women, according to the director of obstetrics at Brooklyn's 3,000-bed Kings County Hospital. As a result, Dr. Louis Hellman warns, in the face of a 25% increase of live births per year, the ratio of practicing obstetricians to the population will have declined by at least 10% by 1975. Dr. Hellman maintains that trained nurse-midwives, working under medical supervision, represent the only really practical way that this need can be met.

MEDICAL WORLD NEWS
March 13, 1965

"Utter poverty brings with it other human sufferings. The first is hunger—a constant, gnawing hunger that is never satisfied day or night. Poverty brings diseases that cannot be cured because there are no medical services. Poverty brings illiteracy in lands where the great majority of people cannot read or write. Poverty brings bad housing, slums that breed crime and sin. Poverty means that a mother looks at her new-born infant knowing that it will probably die before the year is out. For millions of people, poverty means that life expectancy is 35 years. For millions of people, living in this kind of poverty, death is a sweet release. A loving human family does not permit its members to suffer in this way."

James J. Norris
at a Session of Vatican II

"Something more than the legal structure for peace is needed. It is communal eros, that kind of love which is not directed to an individual but to a group. It is said that one cannot love another nation. This may be true in relation to a national state; but it is not true with respect to the people of the other nation. One can have eros towards them in their uniqueness, their virtues, their contributions. No world community is possible without this eros which trespasses interest as well as law."

Paul Tillich
PACEM IN TERRIS Convocation, 1965

"The Church is for the world. The Church seeks no other earthly power for herself than that which will make it possible for her to serve and to love. As she perfects her thought and her structure, the Church does not aim to

separate herself from the experience of individual men but rather endeavors to understand them better while sharing their sufferings and their aspirations."

Pope Paul VI

"So the Christian stands in a very special position before the world. Any man with reasonable good will can witness the call which the world exerts on his conscience and his energies, to give, to contribute, to relieve pain, to bring hope. Many good men in fact hear the voice of the world and respond admirably. But the Christian alone can hear all the resonances of the call, can recognize the one who, under every cry for succor is announcing His name. Hearing the voice of man, the Christian knows the true measure of the need and can respond at depth; He knows that the cry for bread is also the cry for truth; that the cry for healing is also the cry for spiritual wholeness; that the cry for human dignity is also a cry for redemption."

Daniel Berrigan, S.J.
A.I.D. DIALOGUE, Jan.-Feb. 1965

About 95% of East Pakistan's 56 million people live in rural areas where health services are almost non-existent. If that area's medical colleges were doubled tomorrow, it would take about 20 years—each graduating 100 students a year—to produce the number of doctors needed right now.

The AMA NEWS
February 15, 1965

Africa is not moving into the modern world, she is exploding into it. The burden of shepherding this explosion falls to the African clergy. Young African priests are torn between two worlds. In their memories they belong to a simple, primitive past; but in their minds they wrestle with the rapidly changing complications of the present. We can help these African priests in one way only—by prayer. We must continue to keep in mind the recent mission intention for the apostleship of prayer: "That the local African clergy may, by word and example, draw their people ever closer to Christ."

Murray Abraham, S.J.
MESSENGER, April, 1965

YOUR WILL

Your will can help the Medical Mission Sisters bring Christlike charity through their medical work to areas of greatest need around the world. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $_____ for its purposes."

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

THE PRESENTATION

This sign has meaning for us:
Light dispelling darkness,
death, disease, doubt, despair:
Light of hope and healing.

All nations understand
there's healing in a missionary's hand.

Sister Miriam Therese S.C.M.M.

A word from our Sister–pharmacist:

"There's one thing we can't dispense with...

That's cash! Nothing else will produce a new Landrover for those vital medical safaris into the Mountains of the Moon in Uganda. Will you help us?"

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MEDICAL MISSION SISTERS
Philadelphia 11, Pa.